

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

08/59/651

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	—					
2		1				
3		—				
4		—				
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20	2					
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TOTAL	4					
TOTAL	4					

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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